U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT
E CLMS US	
1 File Number U 10596	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Chastopher K Todo	Name National Pilot s Association
	Labor Organization File Number 541-512
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street   Hilpond Lane	Street 3401 Norman Berry Drive Suite 254
City Newman	City Atlanta
State Georgia ZIP Code + 4 30263	State Georgia ZIP Code + 4 30344
5 Position in labor organization Weasules	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of	
monetary value from an employer whose employees your organization  6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name ArTran Arways	Airtran Pemman Stock
Trade Name if any	
-	against a second of the second of
PO Box Bldg Room No if any	7 b Amount.
Street 9955 Airtran Blud	
City Orlando	2510
State   ZIP Code + 4   32827	
; Signature	
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signer A JOSO	On 8/12/05 170-683-3045

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	9 Business deals with  a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  ZIP Code + 4	11 a Nature of such dealing  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name AirTran Airways Inc	14 a Nature of payment  Positive space travel pass on AirTran which permits me to travel for free while on union business	
Trade Name If any	1 Business med on or about	
PO Box Bldg Room No if any  Street 9955 AirTran Boulevard  City Orlando  State Florida ZiP Code + 4 32827	1 Business med on or about  January 14th 2004 value of  Which was aprox \$50	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment  About \$50	